3EST AVAILABLE

IOI-389

| • | AFN (ED |
|-------|-------------------------|
| | TAPPLICA RECEIVED |
| PATEN | LAPPLICATION AND OFFICE |
| | CENTRAL FAX CENTER |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 17 200

| Applicant: | Terrance D. Peabody |) |
|------------|---------------------|---|
| Serial No. | 10/068,167 |) |
| Filed: | February 5, 2002 |) |

MEASURING GUIDE FOR USE

IN ORTHOPEDIC PROCEDURE

I hereby certify that this paper is being transmitted via facsimile to: USPTO Issue Fee, (571)273-8300 on the date below.

October 17, 2005

gistration No. 41,017 ttorney for Applicants

Art Unit:

3736

Examiner:

Charles Alan Marmmor II

FACSIMILE TRANSMITTAL

Pages including cover sheet:

Attached is the following:

Transmittal Form; Fee Transmittal (in duplicate); and PTOL-85 (In

Duplicate).

(X) If a Petition under 37 C.F.R. 1.136(a) for an extension of time for response is required to make the attached response timely and does not separately accompany this transmittal, Applicant hereby petitions under 37 C.F.R. 1.136(a) for an extension of time for response in the above-identified application for the period required to make the attached response timely.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2779. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2779. A duplicate copy of this sheet is enclosed.

October 17, 2005 Zimmer Technology, Inc. 150 North Wacker Drive **Suite 1825** Chicago, Illinois 60606 Telephone: (312) 372-2859

RECEIVED OIPE/IAP

OCT 1 9 2005

Facsimile:

(312) 372-2906

Customer No. 37235

THIS FACSIMILE MESSAGE IS CONFIDENTIAL AND MAY CONTAIN ATTORNEY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR COMPANY NAMED.

If the reader is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us PAGE 1/7 * RCVD AT 10/17/2005 12:55:29 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/27 * DNIS:2738300 * CSID:3123722906 * DURATION (mm-ss):03-42

PAGE 02/07

PATENTAPPLICATION FAX CENTER

IOI-389

0011/2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Terrance D. Peabody Applicant: I hereby certify that this paper is being transmitted via 10/068,167 Serial No. facsimile to: USPTO Issue Fee, (571)273-8300 on the date below. February 5, 2002 Filed: October 17, 2005 MEASURING GUIDE FOR USE For: IN ORTHOPEDIC PROCEDURE ttorney for Applicants Art Unit: 3736 Charles Alan Marminor II Examiner:

FACSIMILE TRANSMITTAL

Pages including cover sheet: 7

Attached is the following: Transmittal Form; Fee Transmittal (in duplicate); and PTOL-85 (In Duplicate).

- (X) If a Petition under 37 C.F.R. 1.136(a) for an extension of time for response is required to make the attached response timely and does not separately accompany this transmittal, Applicant hereby petitions under 37 C.F.R. 1.136(a) for an extension of time for response in the above-identified application for the period required to make the attached response timely.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2779. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2779. A duplicate copy of this sheet is enclosed.

October 17, 2005
Zimmer Technology, Inc.
150 North Wacker Drive
Suite 1825
Chicago, Illinois 60606
Telephone: (312) 372-2859
Facsimile: (312) 372-2906

Customer No. 37235

THIS FACSIMILE MESSAGE IS CONFIDENTIAL AND MAY CONTAIN ATTORNEY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR COMPANY NAMED.

If the reader is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us PAGE 27' RCVD AT 10/17/2005 12:55:29 PM [Eastern Daylight Time] SVR:USPTO-EFXRF-6/27' DNIS:2738300' CSID:3123722906' DURATION (mm-ss):0342

Signature

UD-17705

PTO/SB/17 (10-03)

Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known FEE TRANSMITTAL 10/068,167 Application Number February 5, 2002 Filing Date for FY 2004 Terrance D. Peabody First Named Inventor Effective 10/01/2003. Patent feos are subject to annual revision. Charles Alan Marmor II **Examiner Name** Applicant claims small antity status. See 37 CFR 1.27 Art Unit 3736 (\$) 1700TOTAL AMOUNT OF PAYMENT IOI-389 Attorney Docket No. FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Money Order Check Credit card Other None Large Entity Small Entity ✓ Deposit Account: Foo Fee Description (\$) Code Code Fee Paid Deposit 50-2779 Account 1051 130 2051 65 Surcharge - late filing fee or oath Number 2052 Surcharge - late provisional filing fee or 1052 50 Zimmer Technology, Inc. cover shee Account 1053 130 1053 130 Non-English specification The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex perte reexamination 1812 2.520 Credit any overpayments Charge fee(a) indicated below 920° Requesting publication of SIR prior to 1804 920 1804 Charge any additional fee(s) or any underpayment of fee(s) Examiner action Charge fee(a) indicated below, except for the filing fee Requesting publication of SIR after 1805 1.840* 1805 1.840 Examiner action to the above-identified deposit account 110 2251 Extension for reply within first month 1251 FEE CALCULATION 210 Extension for reply within second month 1252 420 2252 1. BASIC FILING FEE 950 2253 475 Extension for reply within third month 1253 arge Entity Small Entity Fee Paid Fee Description 1254 1.480 2254 740 Extension for reply within fourth month Fee Fee Code (\$) 1,005 Extension for reply within fifth month 2255 1255 2.010 1001 770 2001 385 Utility filing fee 2401 1401 330 165 Notice of Appeal 1002 340 2002 170 Design filing fee 330 2402 165 Filling a brief in support of an appeal 1402 1003 530 2003 265 Plant filing fee 145 Request for orel hearing 2403 1403 290 1004 770 2004 385 Reissue filing fee 1451 1,510 Petition to Institute a public use proceeding 1451 1,510 1005 160 2005 RΩ Provisional filing fee 2452 55 Petition to revive - unavoidable 1452 110 SUBTOTAL (1) (\$) 2453 665 Petition to revive - unintentional . 1453 1.330 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1400.00 865 Utility issue fee (or reissue) 1501 1,330 2501 Fee from Fee Pald Extra Claims 1502 480 2502 240 Design issue fee below Total Claims Х -20** = 1503 840 2503 320 Plant issue fee Independent Claims - 3** = 1480 130 1460 130 Petitions to the Commissioner Multiple Dependent 50 50 Processing fee under 37 CFR 1.17(q) 1807 1807 Large Entity | Small Entity 180 Submission of Information Disclosure Stmt 1806 180 1806 40 Recording each patent assignment per Fee Description Code (\$) Code (\$) 8021 40 8021 property (times number of properties) 2202 Claims in excess of 20 1202 18 385 Filing a submission after final rejection (37 CFR 1.129(a)) 770 1809 2809 1201 66 2201 43 Independent claims in excess of 3 385 For each additional invention to be examined (37 CFR 1.129(b)) 1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 2204 43 'Reissue independent claims over original patent 1204 86 385 Request for Continued Examination (RCE) 1801 770 2801 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination 1205 2205 18 and over original patent of a design application 300.00 Other (ee (specify) (\$) SUBTOTAL (2) (\$) 1700.00 *Reduced by Basic Filing Fco Pald SUBTOTAL (3) **or number previously peld, if greater; For Reissues, soo above (Complete (# opplicable) SUBMITTED BY Registretion No. Telephone 312 372 2860 41,017 Name (Print/Type) Jonathan D. Feuchtwang 10/17/05

> WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS.

RECEIVED CENTRAL FAX CENTER

OCT 172005

PTO/SB/21 (08-03)
Approved for use through 08/30/2003, OMB 0831-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. Application Number 10/068.167 Filing Date TRANSMITTAL February 5, 2002 FORM First Named Inventor Terrence D. Peabody Art Unit 3736 (to be used for all correspondence after initial filing) **Examiner Name** Charles Alan Marmor II Attorney Docket Number P86-KQ1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication 1 to Technology Center (TC) Drawing(s) Fco Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Raply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavita/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Identify below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority PTOL-85 Document(s) Fax Certificate of Transmission Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Jonathan D. Feuchtwang, Reg. No. 41,017 Flrm Zimmer Technology, Inc. Individual name Signature Date October 17, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage se first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450 on the date shown below. Typed or printed name DeniseMgani Nalson Date October 17, 2005 elson Signature

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete hits form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/17/2005 12:00 3123722906 ZIMMER TECHNOLOGY OCT 17 2005

PAGE 05/07

PTO/SB/17 (10-03)
Approved for use through 07/31/2008, OMB 0851-0032
redemark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reduction Act of 1995, no persons are requir | red to re | pond | to a coli | ection o | of informatio | on_unles | s it displa | ya a valid OMB o | ontral number. |
|---|--------------|--------------------|--------------|-----------------|------------------------------|-------------|------------------|-------------------|---------------------------------------|
| FEE TO A NOMITTA | 1 | | | | Comple | ete if | Known | · | |
| FEE TRANSMITTA | ┕╽ | Application Number | | er 10/0 | 10/068,167 | | | | |
| for EV 2004 | ł | Filing Date Febr | | ebruary 5, 2002 | | | | | |
| for FY 2004 | [| First | Named | Inven | itor Terr | rance | D. Peal | oody | |
| Effective 10/01/2003. Patent fees are subject to annual revision. | | Exam | iner N | ame | Cha | arles A | Nan Ma | mor II | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art U | nit | | 373 | 36 | _ | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1700 | | Atton | ey Do | cket N | lo. 101- | 389 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | FEE | CALCU | ILATI | ON (cor | itinued) | |
| Check Credit card Money Other None | 3. A | DDIT | ONAL | | | | <u>`</u> _ | | · · |
| Owler Come | | | Small | | | | | | |
| Deposit Co. 2770 | Fee Code | Fee (\$) | Fee Code | Fée (\$) | F | ee De | scriptio | n | Fee Pald_ |
| Account Number | 1001 | | 2051 | | Surcharge · | - late fil | Ing fee or | oeth . | |
| Deposit Zimmor Toohyolooy (no | 1052 | 50 | 2052 | | Surcharge - | | rovisional | filing fee or | |
| Name | 1053 | 130 | 1053 | | Non-English | | fication | | |
| The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments | 1812 | 2,520 | 1812 | 2,520 | For filing a r | request | for ex pa | noitenimexeen etr | |
| Charge any additional foc(s) or any underpayment of fee(s) | 1804 | 920* | 1804 | | Requesting Examiner a | | ation of \$1 | R prior to | |
| Charge fee(a) indicated below, except for the filing fee | 1805 | 1,840* | 1805 | | Requesting | g public | ation of Si | R after | |
| to the above-identified deposit account. | 1251 | 110 | 2251 | 55 | Examiner a Extansion f | | uwiihin Go | et month | · · · · · · · · · · · · · · · · · · · |
| FEE CALCULATION | 1252 | | 2252 | 210 | | | | cond month | |
| 1. BASIC FILING FEE Large Entity Small Entity | 1253 | | 2253 | | Extension (| for repl | y within th | ird month | |
| Fee Fee Fee Fee Fee Description Fee Fall | 1354 | 1,480 | 2254 | 740 | Extension (| for repl | - y within fo | urth month | |
| Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee | 1255 | 2,010 | 2255 | 1,005 | Extension 1 | for reply | y within fif | th month | |
| 1002 340 2002 170 Design filing fce | 1401 | 330 | 2401 | 165 | Notice of A | Appeal | | | |
| 1003 530 2003 265 Plant filing fee | 1402 | 330 | 2402 | • | Filing a brid | | | n appeal | |
| 1004 770 2004 385 Reissue filing fee | 1403 | 290 | 2403 | | Request for | | - | _ | |
| 1005 160 2005 80 Provisional filing fco | | 1,510 | 1451 | | | | | ree broceeding | |
| SUBTOTAL (1) (\$) | 1452 | | 2452 2453 | | Petition to r | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | i i | 1,330 1,330 | 2501 | | Petition to a | | | mai . | 1400.00 |
| Fee from Extra Claims below Fee Paid | 1502 | 480 | 2502 | | Design issu | • | , | | |
| Total Claims -20** = X | 1503 | 640 | 2503 | 320 | Plant lesue | e fee | | | · |
| Independent -3** = X | 1460 | 130 | 1460 | 130 | Petitions to | the Co | noleelmmo | er | |
| Multiple Dependent | 1807 | 50 | 1807 | | Processing | | | | |
| Large Entity Small Entity Fee Fee Fee Fee Description | 1808 | 180 | 1800 | | | | | isclosure Strat | |
| Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 | Recording e property (thr | mes nu | mber of p | roperties) | |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 | 1809 | 770 | 2809 | 385 | Filing a sub (37 CFR 1. | | | al rejection | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 | 770 | 2810 | 385 | For each a | ddillons | i inventio | n to be | |
| 1204 86 2204 43 ** Reissue independent claims | | | | | examined (| (37 CFF | ₹ 1.129(b) |) | |
| over original patent | 1801 1802 | | 2801 1802 | | Request fo | | | mination (RCE) | <u></u> |
| 1205 18 Z205 9 ** Reissue claims in excess of 20 and over original patent | | | Į. | 300 | of a dosign | | | | |
| SUBTOTAL (2) (\$) | | fee (ap | | Illne E- | - Bal- | | | (2) (2) (3) | 300.00 |
| For number proviously paid, if greater; For Reissues, see above | Kedi | uced by | Basic F | លោជ្ជ កថ | ac raio | su | BTOTAL | (3) (\$) 1700 | .00 |
| SUBMITTED BY | | 200/-4- | dan Ma | 7' | <u> </u> | | | if applicable)) | |
| Name (PrintType) Jonathan D. Feuchtwand | | Registra Oremaw | oon NO. | 41,0 | 317 | | elephone | 312 372 2860 | |
| Signsture Mun | | | | | | D | ste | 10/17/05 | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

be included on this form. Provide credit card Information and authorization on P10-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and automitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce. P.O. Box 1450. Alexandria. VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patency B.O. Box 1450. Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

PAGE 57* RCVD AT 10/17/2005 12:55:29 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/27 * DNIS:2738300 * CSID:3123722906 * DURÁTION (mm-ss):03-42

3123722906

| | FEE | il Mail Stop ISSUI | able fee(s), to: M | is form, topether with | Complete and send th |
|--|--|--|--|--|--|
| | r Patents | Commissioner for P.O. Box 1450 | | 19 VOI WHO TORESTIES MISS | Complete and send to |
| | inia 22313-1450 | Alexandria, Virg | | | |
| 1. 12 5 | | | or F | | |
| arate "FEE ADDRESS" fo | ired). Blocks 1 through 5 sl vill be mailed to the current ; and/or (b) indicating a sepa | new correspondence address | 1, by (a) specifying a | espondence including the P slow or directed otherwise | indicated unless corrected by maintenance fee notification |
| for demestic mailings of the for any other accompanying tent or formal drawing, mu | mailing can only be used for is certificate cannot be used in all paper, such as an assignment of mailing or transmission. | Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificate. | f address) | ADDRESS (Nove: Use Block I for a | CURRENT COMRESPONDENC |
| umlaston. | | 0 | | | GREER, BURNS |
| ng deposited with the Unite est class mail in an envelop | is Fcc(s) Transmittal is being with sufficient postage for fire | I hereby cortify that the States Poutal Service | | | 300 S WACKER D |
| s above, or being facsimil date indicated below. | is Fee(s) Transmittal is being with sufficient postage for fir: Stop ISSUE FEE address TO (571) 273-2885, on the d | addressed to the Ma | | | 25TH FLOOR |
| | | Longthan | | | CHICAGO, IL 606 |
| (Signature) | CI ILUI II VOIC | | | 79 502779 1006816 | /2005 TBESHAH2 00000 |
| (Date | | | | | :1501 1400.00 I :1504 300.00 I |
| CONFIRMATION NO. | ATTORNEY DOCKET NO. | NVENTOR | FIRST NAMEL | FILING DATE | APPLICATION NO. |
| 8049 | 101-389 | Pcabody | Terrança D | 02/05/2002 | 10/068.167 |
| 01/05/2006 | TOTAL FEE(S) DUE \$1700 | PUBLICATION FEE \$300 | ISSUE FEE | SMALL ENTITY | APPLN, TYPE |
| ***** | - | | \$1400 | NO | ponprovizional |
| , | 4 | CLASS SITEMANS | | | |
| | j | CLASS-SUBCLASS | ART UNIT | | EXAM |
| | <u> </u> | 600-587000 | 3736 | IARLES ALAN | MARMOR II, C |
| ian D. Feuch | ist Jonatha | 600-587000 ng on the patent front page, l | 3736 s" (37 2. For prin | IARLES ALAN | MARMOR II, C |
| ian D. Feuch | - 7: mus | 600-587000 ng on the patent front page, I as of up to 3 registered pates, alternatively. | 3736 s" (37 2. For prin (1) the national configuration | ARLES ALAN address or indication of *Fe | MARMOR II, Cl. I. Change of correspondence CFR 1.363). |
| nan B. Feucht nerTechnology | a member a 2 Zi OUM | 600-587000 ng on the patent front page, I es of up to 3 registered pate 3, attematively, e of a single firm (having as itorney or agent) and the nar | 3736 s° (37 2. For prin (1) the natural section (2) th | address or indication of "Fe | MARMOR II, C. I. Change of correspondence CPR 1.363). Il Change of correspond Address form PTO/SB/II The Address form PTO/SB/II |
| ian D. Feuchi gerTechnology | a member a 2 Zi OUM | 600-587000 ng on the patent front page, I as of up to 3 registered pates, alternatively. | 3736 s" (37 2. For prin (1) the na dence in agents 6 (2) the na registered 2 registered | ARLES ALAN address or indication of *Fe | MARMOR II, C. I. Change of correspondence CPR 1.363). Il Change of correspond Address form PTO/SB/II The Address form PTO/SB/II |
| ner Technology | a member a 2 / i (NLV) not soft up to no name is 3 | 600-587000 ng on the patent front page, I as of up to 3 registered pate 3, alternatively, e of a single firm (having as torney or agent) and the nar patent attorneys or agents. It me will be printed. (print of type) | 3736 s" (37 2. For prin dence to agents 6 (2) the nar registered tomer 2 registered listed, no n | address or indication of "Fe mee address (or Change of C 2) attached. on (or "Fee Address" Indicat r more recent) attached. Use | MARMOR II, C. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/1: I "Fee Address" indicat PTO/SB/47: Rev 03-02 c Number is required. 3 ASSIGNEE NAME AND |
| ner Technology | a member a 2 / i (N)() no name is 3 | 600-587000 ng on the patent front page, I es of up to 3 registered pate 3, alternatively, e of a single firm (having as attorney or agent) and the nar patent attorneys or agents. It me will be printed. (print or type) or on the patent. If an assign in filing an assignment. | 3736 S° (37 2. For print (1) the nation are greated (2) the nation registered 2 registered 1 study, not a sessioned data will appen is NUT a substitute | address or indication of "Fe mee address (or Change of C 2) attached. on (or "Fee Address" Indicat r more recent) attached. Use | MARMOR II, C. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/1: I "Fee Address" indicat PTO/SB/47: Rev 03-02 c Number is required. 3 ASSIGNEE NAME AND |
| ner Technology | a member a 2 in (NeX) nes of up to no name is 3 mee is identified below, the d | 600-587000 ng on the patent front page, I as of up to 3 registered pate t, alternatively, of a single firm (having as itorney or agent) and the nar patent attorneys or agents. It ince will be printed. print of type) or on the patent. If an assig or filing an assignment. (CITY and STATE OR CO | 3736 S° (37 2. For print (1) the nation are greated (2) the nation registered 2 registered 1 study, not a sessioned data will appen is NUT a substitute | address or indication of "Fe ince address (or Change of C 2) attached. on (or "Fee Address" Indicat r more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of | MARMOR II, C. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/1: I "Fee Address" indicat PTO/SB/47: Rev 03-02 c Number is required. 3 ASSIGNEE NAME AND |
| document has been filed for | a member a 2 / i (N)(M) no name is 3 mee is identified below, the d UNTRY) X-Q S | 600-587000 ng on the patent front page, I as of up to 3 registered pate, alternatively, of a single firm (having as torney or agent) and the nar patent attorneys or agents. It is will be printed. (print of type) or on the patent. If an assign filing an assignment. (CITY and STATE OR CO | 3736 s° (37 2. For print of the nation argusts (2) the nating registered 2 registered listed, not a satisface data will appen is NOT a substitute (B) RESIDENC | address or indication of "Fe ince address or indication of "Fe ince address" (or Change of C2) attached. on (or "Fee Address" Indicate more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of E | MARMOR II, CI I. Change of correspondence CFR 1.363). Il Change of correspond Address form PTO/SB/1: I "Fee Address" indicat PTO/SB/47: Rev 03-02 (Number in required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI |
| document has been filed for | a member a 2 in (NeX) nes of up to no name is 3 mee is identified below, the d | 600-587000 ng on the patent front page, I as of up to 3 registered pate, alternatively, of a single firm (having as torney or agent) and the nar patent attorneys or agents. It is will be printed. (print of type) or on the patent. If an assign filing an assignment. (CITY and STATE OR CO | 3736 s° (37 2. For print of the nation argusts (2) the nating registered 2 registered listed, not a satisface data will appen is NOT a substitute (B) RESIDENC | address or indication of "Fe ince address or indication of "Fe ince address" (or Change of C2) attached. on (or "Fee Address" Indicate more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of E | MARMOR II, CI I. Change of correspondence CFR 1.363). Il Change of correspond Address form PTO/SB/1: I "Fee Address" indicat PTO/SB/47: Rev 03-02 (Number in required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI |
| document has been filed for | a member a 2 / i (N)(M) no name is 3 nee is identified below, the d UNTRY) XAS corporation or other private gr | 600-587000 Ing on the patent front page, I as of up to 3 registered pates, alternatively, e of a single firm (having as torney or agent) and the nar patent attorneys or agents. If me will be printed. Sprint of type) In on the patent. If an assigning an assignment. GITY and STATE OR CO. AUSHO, To. cont): Individual M.C. cects: | 3736 S" (37 2. For print of the nation signature of the nation signature of the nation signature of the nation of | address or indication of "Fe cance address (or Change of C 2) attached. on (or "Fee Address" Indicat r more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified bel 37 CFR 3.11. Completion of E | MARMOR II, Cl. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI ZIMMEV Please chock the appropriate 4a. The following fee(s) are |
| document has been filed for | a member a 2 / i (N)(M) no name is 3 mee is identified below, the d UNTRY) XAS corporation or other private grand- | ing on the patent front page, I as of up to 3 registered pate, alternatively, of a single firm (having as iteraty of agent) and the narpatent attorneys or agents. It is will be printed. Sprint of type) If on the patent. If an assign filing an assignment. CITY and STATE OR CO | 3736 s" (37 2. For print of the nation agents of (2) the nation registered 2 registered listed, not assignee data will app m is NUT a substitute (B) RESIDENCE on the printed on the public printed | address or indication of "Fe cance address or indication of "Fe cance address" Indication of or "Fee Address" Indicate more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified being 37 CFR 3.11. Completion of E | MARMOR II, Cl. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI ZIMMEV Please chock the appropriate 4a. The following fee(s) are Elssue Fee |
| document has been filed for | a member a 2 in (Not) no name is 3 mee is identified below, the d UNTRY) XAS corporation or other private grandlesed. 9 is ottached. | ing on the patent front page, I as of up to 3 registered pate, alternatively, of a single firm (having as iteraty of agent) and the narpatent attorneys or agents. It is will be printed. (print of type) In on the patent. If an assign filing an assignment. (CITY and STATE OR CO | 3736 S" (37 2. For print of the nation argusts 6 (2) the nation registered 2 registered listed, not assigned data will app in its NOT a substitute (B) RESIDENC not be printed on the p 4b. Payment of A check in Payment | address or indication of "Fe cance address or indication of "Fe cance address" (or Change of C2) attached. on (or "Fee Address" Indicat r more recent) attached. Use RESIDENCE DATA TO BIT an assignee is identified belances. The completion of the cancer o | MARMOR II, Cl. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/12 I "Fee Address" indicat PTO/SB/47: Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! ZIMME OF ASSIGN! Please check the appropriate 4a. The following fec(s) are Publication Fee (No.s. |
| document has been filed for | a member a 2 / i (N)(M) no name is 3 mee is identified below, the d UNTRY) XAS corporation or other private grand- | ing on the patent front page, I as of up to 3 registered pate, alternatively, of a single firm (having as iteraty of agent) and the narpatent attorneys or agents. It is will be printed. (print of type) In on the patent. If an assign filing an assignment. (CITY and STATE OR CO | 3736 S" (37 2. For print of the nation argusts 6 (2) the nation registered 2 registered listed, not assigned data will app in its NOT a substitute (B) RESIDENC not be printed on the p 4b. Payment of A check in Payment | address or indication of "Fe cance address or indication of "Fe cance address" (or Change of C2) attached. on (or "Fee Address" Indicat r more recent) attached. Use RESIDENCE DATA TO BIT an assignee is identified belances. The completion of the cancer o | MARMOR II, Cl. I. Change of correspondence CFR 1.363). I Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI ZIMMEV Please chock the appropriate 4a. The following fee(s) are Elssue Fee |
| document has been filed for | a member a 2 in (Not) no name is 3 mee is identified below, the d UNTRY) XAS corporation or other private grandlesed. 9 is ottached. | ing on the patent front page, I as of up to 3 registered pates, alternatively, as of a single firm (having as iterrety of agent) and the nar patent attority or agents. It is will be printed. Sprint or type) In on the patent. If an assign filing an assignment. It (CITY and STATE OR COMEST.) Cent): Individual Compatible (S): The amount of the fee(s) is a continuous of the preparation of the fee(s): The continuous of the fee(s) is a continuous of the fee(s): The continuous of the fee(s) is a continuous of the fee(s): | 3736 S" (37 2. For print of the nation signates (2) the nation registered 2 registered listed, not assignee data will app in is NOT a substitute (B) RESIDENCE (B) Payment of A check in Deposit Acceptains (A) | address or indication of "February States of Canada and | MARMOR II, Cl. I. Change of correspondence CPR 1.363). Uhange of correspondence CPR 1.363). Uhange of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47: Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Please chock the appropriate 4a. The following fee(s) are Publication Fee (No s. Advance Order - # of |

interest as shown by the recognition the United States Patent and Trademark Office. 17 oct 2005 Date Authorized Signature

Typed or printed name Jonathan

Registration No.

This collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, metuding gathering, prepering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450.

Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMME

PAGE 6/7 * RCVD AT 10/17/2005 12:55:29 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/27 * DNIS:2738300 * CSID:3123722906 * DURATION (mm-ss):03-42

10/20/2005 TBESHAH2 00000078 502779 10068167

-1400.00 DA 4200-00 DA

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

| De | fects in the images include but are not limited to the items checked: |
|-----|---|
| - | ☐ BLACK BORDERS |
| . [| ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES |
| [| ☐ FADED TEXT OR DRAWING |
| J | BLURRED OR ILLEGIBLE TEXT OR DRAWING |
| [| ☐ SKEWED/SLANTED IMAGES |
| [| ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS |
| [| ☐ GRAY SCALE DOCUMENTS |
| [| ☐ LINES OR MARKS ON ORIGINAL DOCUMENT |
| [| ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY |
| | |

IMAGES ARE BEST AVAILABLE COPY.

OTHER:

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.